

PRESENTER ABSTRACTS



Tobacco Control Research Branch
Behavioral Research Program
Division of Cancer Control
and Population Sciences

State and Community Tobacco Control Interventions Research Meeting and Tobacco Synthesis Meeting

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Researcher as Advocate: An Important and Misunderstood Role

*Presenter: Lawrence Wallack, Dr.P.H., Professor and Director, School of Community Health,
College of Urban and Public Affairs, Portland State University, Portland, Oregon*

This presentation will discuss the responsibility of researchers to make their findings known to policymakers. It will focus on why it is important to talk with journalists as a means for sharing their findings with policymakers and others who can advance the goals of tobacco control. This presentation will cover specific guidelines for being interviewed, with special attention given to the common pitfalls.

A View from the States

*Presenter: Karla S. Sneegas, M.P.H., Executive Director,
Indiana Tobacco Prevention and Cessation Agency, Indianapolis, Indiana*

Tobacco control researchers will benefit from a greater understanding of the needs of state programs and the barriers that program managers experience in a time of drastic budget reductions. Evaluators will benefit from learning about specific examples of research needs that state programs have that could benefit day-to-day operations. Using the example of the comprehensive evidence-based program that was set up by Indiana Tobacco Prevention and Cessation Agency and Executive Board, the presentation will emphasize practical aspects of state tobacco control programs and recent analyses of data from Indiana's program. Suggestions on future research needs will be discussed.

Key Points:

Tobacco use costs Hoosiers 10,300 lives and \$1.6 billion each year. With the fifth highest adult smoking rate in the United States, Hoosiers must continue to take action in reducing the tobacco burden. Following CDC recommendations, Indiana established a tobacco control program that is coordinated, comprehensive, and accountable through the Indiana Tobacco Prevention and Cessation (ITPC) programs. The Hoosier Model for tobacco control has five major categories for funding and incorporates elements from all nine categories recommended by the CDC. The Hoosier Model consists of Community Based Programs; Statewide Media Campaign; Enforcement; Evaluation and Surveillance; and Administration and Management. In SFY 2003, ITPC's program has many accomplishments and is changing knowledge, attitudes, and beliefs regarding tobacco use.

Community Programs:

To achieve the individual behavior change that supports the nonuse of tobacco, communities must change the way tobacco is promoted, sold, and used while changing the knowledge, attitudes, and practices of young people, tobacco users, and nonusers. Effective community programs involve people in their homes, worksites, schools, places of worship, entertainment venues, civic organizations, and other public places.

Indiana has been nationally recognized for its Community Based Programs that incorporate Minority, School, Cessation and Statewide Programs under one broad category. These programs are interconnected and can be addressed by linking local community coalitions with the statewide counter-advertising program. All of Indiana's 92 counties have received a grant to conduct tobacco prevention and cessation in their communities, including setting up resources to help smokers quit. More than 1,600 local organizations are involved statewide, including 31 local minority organizations and 19 State, regional, and pilot programs.

Statewide Media Campaign:

Indiana's statewide media campaign is a combination of paid and earned media messages designed to counter pro-tobacco influences and increase pro-health messages and influences throughout the State. Counter-marketing consists of a wide range of efforts, including paid television, radio, billboard, and print counter-advertising at the State and local level; media advocacy and other public relations techniques using such tactics as news releases, news conferences, media outreach, media tours, editorial materials, featured stories, local events, and health promotion activities; and efforts to reduce or replace tobacco industry sponsorship and promotions.

The media campaign targets both Indiana general population adults and youth, along with specific segments of minorities and pregnant women. The aim of the media campaign is to educate the public about the dangers of tobacco use, secondhand smoke, and tobacco industry marketing practices. The campaign is working to change the social norms and acceptability of tobacco use in Indiana.

A Web site, www.WhiteLies.tv, was created to educate consumers on the tobacco industry lies and the negative health consequences of tobacco use in Indiana. This site has received more than 2 million successful hits, and www.voice.tv has received more than 500,000 hits.

Enforcement of Indiana's Youth Access to Tobacco Laws:

Enforcement of tobacco laws can deter violators and sends a message that community leaders believe these policies are important for protecting Indiana's youth. ITPC has a Memorandum of Understanding (MOU) with the Indiana Alcohol and Tobacco Commission (ATC) to investigate and enforce Indiana's tobacco laws through the Tobacco Retailer Inspection Program (TRIP). The ITPC partnership with the Alcohol and Tobacco Commission (ATC) has reduced the non-compliance rate of retail sales to minors from 29 percent in October 2001 to 14 percent in June 2003—the lowest rate ever.

Evaluation:

ITPC implemented the evaluation plan for Indiana's comprehensive program, which includes a set of measures with various data sources to evaluate the impact that programs are making in achieving ITPC's mission and objectives. In addition to continuous program monitoring, Indiana has secured the services of the State Board of Accounts' Field Auditors to conduct compliance checks of fiscal responsibilities of all tobacco control program grant dollars.

ITPC's evaluation and research coordinating center conducted the first adult tobacco survey and the second youth tobacco survey. ITPC designed and implemented a Web-based program tracking system to allow ITPC partners report their activities, and conducted an annual assessment to gauge progress from the first year. Media Tracking Surveys are routinely conducted to evaluate the effectiveness of the statewide media campaign.

Administration and Management:

Activities include 1) recruiting and developing qualified and diverse technical, program, and administrative staff; 2) awarding and monitoring program contracts and grants, coordinating implementation across program areas, and assessing program performance; 3) creating an effective, internal and external communication system; 4) developing a sound fiscal management system; and 5) providing support through training and technical assistance. ITPC is administering nearly 150 grants and contracts with an annual overall budget of \$32.5 million in SFY 2003.

Evaluation and Accomplishments:

- Over 193,000 Hoosier adults reported quitting smoking in 2002.
- Approximately 86 percent of Hoosier adult smokers report they expect to quit smoking, and 62 percent say they will quit smoking in the next 6 months.
- Cigarette consumption in Indiana, measured by cigarette stamp sales for SFY 2003, decreased 16 percent, at the same time increasing state revenues by 202 percent.
- All of Indiana's 92 counties have received a grant to conduct tobacco prevention and cessation in their communities, including setting up resources to help smokers quit. More than 1,600 local organizations are involved statewide, including 31 local minority organizations and 19 State, regional, and pilot programs.
- ITPC partners have conducted more than 4,700 activities at the local level, such as implementing prevention and education programs in schools, developing cessation networks, and raising awareness of tobacco prevention efforts.
- Local coalitions are working to pass comprehensive smoke-free air policies. In April 2003, Bloomington passed the most comprehensive ordinance in the State banning smoking in all public places. Monroe County followed in May 2003.
- ITPC has implemented a comprehensive training plan for staff, board, and partners. Through a variety of training mechanisms, partners are getting the resources needed to implement their local tobacco control programs.
- Every county in the State has been reached by the media campaign and results from the youth and adult media tracking surveys indicate that 67 percent of Indiana youth and 50 percent of adults are aware of advertisements from the ITPC media campaign
- Youth who were aware of at least one ITPC TV ad were 63 percent more likely to believe that secondhand smoke is a serious problem, and that tobacco-related public policy is important.
- Adults who were aware of at least one ITPC TV ad were 67 percent more likely to understand that tobacco is addictive and dangerous compared to those not aware of any ITPC TV ads.
- Indiana news media have devoted significantly more newsprint and airtime to tobacco control stories, specifically about the local coalitions and issues surrounding smoke-free air policies in the past year. This media coverage is raising the awareness of tobacco use and related health issues throughout the State, shaping attitudes and beliefs.
- Of the remaining types of news items that are opinion pieces such as editorials and letters to the editor, 76 percent were anti-tobacco in message. The most frequent topics of news coverage were coalition-partner activities, clean indoor air, prevalence, and Master Settlement Agreement (MSA) expenditures.

Conducting Research on the Comprehensive Tobacco Control Program: The View from Oregon

Michael J. Stark, Ph.D., Director, Program Design and Evaluation Services, Multnomah County Health Department, Oregon Department of Human Services, Portland, Oregon

Studies conducted as part of Oregon's tobacco program evaluation include NCI-funded research in collaboration with Kaiser Center for Health Research (Efficacy and Cost of State Quitlines Policies), and with the Oregon Research Institute (Tobacco Control Activities and Youth Tobacco Use). Internally funded studies include:

- a prospective cohort study that showed that smokers, in preparation to quit at baseline, had 5 times the odds of being able to quit 21 months later if they had a full-home smoking ban at baseline, compared to smokers in preparation without a ban;
- 8th grade students in schools funded to implement tobacco prevention activities showed a greater drop in smoking prevalence compared to students in non-funded schools and, among the funded schools, degree of program implementation was positively associated with changes in prevalence;
- tobacco program ads on daytime TV were 7 times more cost-effective in driving calls to the quitline, compared to the same ads on evening TV;
- among smokers who report wanting to quit, 89 percent indicated that the idea of having an extra \$1,000 a year to spend if they quit smoking would be a very or somewhat motivating media message.

Studies needed to assist States with program development include:

- best practices for specific populations,
- tobacco tax compliance studies,
- program impact models that account for actual implementation of the intervention,
- studies of short- and long-term health and economic impacts of drops in smoking prevalence and consumption.

Finally, in these times of reduced funding for tobacco control activities, studies are needed to determine:

- the minimum level of funding for a state program needed to produce an effect on tobacco use,
- which components or mix of components produce the most cost-beneficial results.

Interface of Public Health Research and Practice in Tobacco Control: Overcoming Cultural and Institutional Diversity

Walter Young, M.A., Scientist, The Cooper Institute, Center for Health Communications, Golden, Colorado

Collaborative activities between public health practice and research organizations are often blocked by cultural and institutional barriers. The goals of these two domains are in conflict: government public health organizations are often motivated or influenced by political interests, whereas research organizations are in pursuit of intellectual goals. Because of the political influence, objectives for public health practice organizations are often immediate or short-term, whereas academic groups tend to be more measured or gradual. The pace of public health practice organizations tends to be more urgent or frantic, whereas the academic pace tends to be deliberate and methodical. Motivations for these health professionals are different too: public health practitioners are working toward immediate population impacts, whereas researchers are in pursuit of knowledge that can be used by practitioners for longer-term outcomes.

These cultures clash when attempting to collaborate around issues related to research design (e.g., services for all versus randomization), administrative issues (e.g., civil service salaries and government agency indirect rates versus higher indirect rates and salaries in research organizations), work environments (e.g., high stress, politically charged government versus quiet, intellectually charged academia), and use of data (e.g., advocacy purposes versus hard science). The author offers the above observations and suggests that the following actions can mitigate these conflicts: mutual commitments to make collaborative activities work; regular meetings of partners to promote communication (especially during crises and planning and development processes); compromise; shared learning; understanding organizational motivations; shared management of collaborative projects; and patience with process, personalities, and organizational turnover.

Directions for Research: Suggestions from the *Guide to Community Preventive Services* and Others

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A growing number of evidence reviews summarize the body of published evidence regarding the effectiveness of population-based interventions to reduce tobacco use and exposure to secondhand tobacco smoke. The *Guide to Community Preventive Services* (the *Community Guide*), for example, provides both a systematic review of the published evidence, and evidence-based recommendations for use with selected interventions (alone and in combination). Community-based interventions reviewed and recommended by the Task Force on Community Preventive Services include: smoking bans, increasing the unit price (excise tax) for tobacco products, mass media campaigns when combined with additional interventions, and telephone cessation support (quitlines) when combined with additional interventions. In addition to providing concise summaries to support the selection and implementation of effective interventions, evidence reviews document remaining information gaps and contribute to an agenda for further research. For example, the *Community Guide* review identified gaps in the intervention research regarding community-based efforts to reduce secondhand smoke exposure in the home. Despite the wealth of available evidence, one research agenda, the Tobacco Policy Research Project (1992), remains relevant a decade after publication.

Translating Research into Improved Outcomes

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Division of Cancer Control and Population Sciences, National Cancer Institute, Bethesda, Maryland*

This presentation describes the current efforts within the Division of Cancer Control and Population Sciences at the National Cancer Institute to move evidence-based cancer control research into practice. Models and definitions of diffusion and dissemination are described. The three components of the Translating Research into Improved Outcomes (TRIO) program are explained. Specific dissemination and diffusion projects are highlighted and include examples of knowledge synthesis, Cancer Control PLANET (Plan, Link, Act, Network with Evidence-based Tools) Web portal and grant supplements to disseminate research-tested cancer control programs.